Alfred Parks & Recreation PO Box 850, Alfred, ME 04002 Registration Form

Child's Name:	Grade:
Parent/Guardian Name:	
Home Phone:	Cell Phone:
Emergency Contact Name:	Emergency Contact Phone:
Email Address:	ur child's participation:
T-shirt size (circle one) Youth Sm Med Lr	g. <u>Adult</u> Sm. Med. Lrg.
 The Participant signed below knowing fully that Alt program, activity and/or special events and all aspece equipment and supervision hereby: Agree to furnish my own health insurance in Assume all risks and responsibilities of all p program, activity or special event. Testify that the participant is in good health Further agree to indemnify and hold harmles include volunteers, form liability resulting fr special event. Give permission to be treated by emergency of my family. 	ets associated with these being facility(s), instructor(s) a case of injury.
All children, regardless of age are required to have (participants before and after their session and spect	eators) must remain in the cafeteria and will not be y/wander around the halls/bathrooms, main lobby or

Assistant coach:_____

I would like to volunteer as a head coach:_____